CTMS Lab Interfaces SIG Teleconference
Meeting Minutes

Meeting Date

August 19, 2004

4-5 PM EDT

Attendees:

Working group coordinator: Scott Finley (Booz Allen Hamilton)
Harshawardhan Bal (Booz Allen Hamilton)

Participants:

Name	Email	Organization
John Speakman (SIG Lead)	**speakman@biost.mskcc.org**	**Memorial Sloan-Kettering Cancer Center**
Jieping Li	lj38@georgetown.edu	Georgetown
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Bob Lanese	Robert.Lanese@uhhs.com	Case Western
Donald Connelly	don@umn.edu	U. Minnesota
Rebecca Boes	boesr@msx.upmc.edu	UPMC
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Brenda Duggan	dugganb@mail.nih.gov	NCICB
Charles Lu	charles.lu@yale.edu	Yale

Agenda

1. Review of last meeting's minutes

2. Action Items from last meeting:
   - Attempt to obtain lab data flow diagrams from other institutions
   - Create a list of database tables, ERDs and requirements that can be used as the basis for an SOW for caBIG's lab interface module
   - Assemble a list of topics to be covered in a clinical and research systems best practices white paper, addressing IRB/HIPAA etc.

3. New business

General discussion points raised by participants:

Software design specs: Lab Data workflows from Yale Center for Biomedical Informatics and Lombardi Comprehensive Cancer Center were described and a very preliminary draft specification and the corresponding Data Structures and ER diagrams for a caBIG Laboratory Interface Module was presented. The following

	issues were discussed: • Lab interface design: The design of the Lab Interface module was required to be flexible to handle multiple heterogeneous (manual and HL7 enabled) laboratory data sources and have the necessary interfaces for manual data entry by the appropriate personnel. • Laboratory Ids: A compound lab ID, which would be composed of the originating institution ID and the particular laboratory Id in question, would be used to distinguish each lab system. • Reference limits: Given that each lab system may have its own defined normal range for each test and that normal ranges vary by gender, age and condition, the need to record the reference limit/range applied at the time of data collection along with the age of the patient and the specific test result (low, normal, abnormal, high, etc.) was suggested. • Tests and batteries: The group agreed to base the disambiguation of individual tests and batteries of tests on applicable HL7 specifications/implementations. Don Connelly to present an instance of how HL7 handles batteries of tests based on data from the HL7 manual. • Lab-to-toxicity system: Whether this should be reported/uploaded as an overnight batch job or on a continuous real time basis was debated. Scott Finley suggested that this be discussed with the Adverse Events Reporting SIG. • HL7 v.2.x to HL7 v.3 mapping: Bob Lanese to attempt to create a framework for HL7 v.2.x to HL7 v.3 mapping.
Action items:	1. Arrive at a suitable name for the caBIG Laboratory Interface Module (suggested names: caLAB/caTRIAL Lab interface/ caLIMs/caLINK?) 2. Confer with the Adverse Events Reporting SIG for defining the work flow for the Lab-to-toxicity reporting system (overnight batch job or real time, etc) 3. Obtain information from the HL7 manual on how to handle individual tests and test batteries (Don Connelly) 4. Develop a framework for HL7 v.2.x to HL7 v.3 message mapping (Bob Lanese)